

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

249794
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2014 - 127 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Mellow Executive Travel Telephone: (843) 224-6935

Address: 29918 W Montague Ave Fax: _____
N. CHAS, SC 29418

Att: WAYNE DAVID Other: _____
Email: w21963@Comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Application - Class A/A Restricted
<input type="checkbox"/> Application - Class C Taxi
<input checked="" type="checkbox"/> Application - Class C Charter
<input type="checkbox"/> Application - Class C Charter Bus
<input type="checkbox"/> Application - Class C Non-Emergency
<input type="checkbox"/> Application - Class C Stretcher Van
<input type="checkbox"/> Application - Class E Household Goods
<input type="checkbox"/> Application - Class E Hazardous Waste
<input type="checkbox"/> Application
<input type="checkbox"/> Request for Extension to Comply with Order
<input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
<input type="checkbox"/> Request for Cancellation of Certificate
<input type="checkbox"/> Request for Suspension
<input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Request for Name Change on Certificate
<input type="checkbox"/> Request to Amend Scope of Authority
<input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)
<input type="checkbox"/> Request to Amend Passenger Limit
<input type="checkbox"/> Request
<input type="checkbox"/> Exhibit
<input type="checkbox"/> Late-Filed Exhibit
<input type="checkbox"/> Letter
<input type="checkbox"/> Proposed Order
<input type="checkbox"/> Publisher's Affidavit
<input type="checkbox"/> Reservation Letter
<input type="checkbox"/> Response
<input type="checkbox"/> Return to Petition
<input type="checkbox"/> Other: _____ |
|--|---|

RECEIVED
APR 01 2014
PSC SC
MAIL/DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 3/28/14

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Mellow Executive Travel, LLC

2998 W Montague Ave

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843) 224-6935

Phone

Fax

wd1963@Comcast.net

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month MARCH Year 2014

Assets:

Cash	1,000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets*	1,000.00
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	0
Capital Stock	0
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	0

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$55.00 per hour two hour min

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Wayne David
Name of Applicant
5600 Dorchester Rd N. chas, SC 29411
Address of Applicant

Amount of Premium: 3,523 **Limits Quoted: (See Below)**
Liability Insurance \$ ~~500,000~~ Limits 500,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000
8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Columbia Insurance Company
Name of Insurance Company
400 Commerce CT Goldsboro, NC 27534
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4/1/14 an file
Date Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

NICO-Rate for South Carolina

WAYNE DAVID

Columbia Insurance Company

Account Summary For MELLOW EXECUTIVE
TRAVEL LLC

Quote #: 2555078

Status: Pending

Policy Type: AP

Originally Quoted: 3/27/2014 2:30 PM EDT
 Quoted Printed: 3/27/2014 2:36 PM EDT
 Proposed Effective: 4/01/2014 12:00 AM EDT
 Proposed Expiration: 4/01/2015 12:00 AM EDT

Quoted By: Karen Giles
 Strickland Insurance Brokers, Inc.

400 Commerce Court
 Goldsboro, NC 27534
 Phone - (919) 758-3300
 Fax - (888) 997-9970
 kgiles@sibrokers.com
 Producer:

DOT #: Unknown
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	500,000 CSL	3,523
7	UM - BIPD	500,000 CSL	788
7	UIM - BIPD	500,000 CSL	782
7	Medical Payments	5,000	364
7	Physical Damage	See Specific Unit	1,151
	Total Ins Value	25,000	
Total			\$6,608.00

Revision: 71SC2014R01

Vehicle Information

NICO-Rate Version: 8.3.31.109

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	AV/Lessor	Unit Sub Total
1 2010 LINCOLN TOWN CAR (15859)	3,523	788	782	364	1,151	N/A	N/A	6,608
Comp/Coll: \$25,000	Deductible: 1,000/1,000							
Radius: Up to 50 Miles								

National Indemnity Company
 Since 1940

Exhibit Fit, Willing, and Able (FWA)

Mellow Executive Travel, LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Wanda David
Applicant's Signature

CEO

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Charles Ton)

SWORN TO BEFORE ME
This 28th day of March, 2014

Patricia J. Haley
Notary Public

Commission Expires

My Commission Expires January 8, 2016

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MELLOW EXECUTIVE TRAVEL, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 14th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
27th day of March, 2014

Mark Hammond
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company -- Domestic
Filing Fee - \$110.00

MAR 04 2014

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Mellow Executive Travel LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

2998 West Montague Ave Suite 12
Street Address

N. Chas, SC
City

29418
Zip Code

3. The initial agent for service of process is

Wayne David
Name

Wayne David
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

5600 Dorchester Rd
Street Address

N. Chas, SC
City

29418
Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Wayne DAVID
Name

5600 Dorchester Rd
Street Address

N. Chas
City

SC
State

Apt 1101
29418
Zip Code

(b)

Name

Street Address

City

140326-0088

FILED: 03/14/2014

MELLOW EXECUTIVE TRAVEL, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company

Mellow Executive
Travel LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) WAUNE DAVID
Name
5600 Dorchester Rd
Street Address
N. Chas SC 29418
City State Zip Code

(b) _____
Name

Street Address

City State Zip Code

7. ☒ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Waune David
Signature of Organizer

3/13/14
Date

Signature of Organizer

Date